

Return Address:

Lee Johnson & Sons Construction, Inc.

P.O. Box 98

Clearlake, WA 98235



200703280007  
Skagit County Auditor

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## CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): _____		
Grantor(s) (Owner): (1) <u>Brian D. Hanson</u>	(2) _____	Add'l. on pg _____
Grantee(s) (Claimants): (1) <u>Lee Johnson &amp; Sons Construction, Inc.</u>		Add'l. on pg _____
Legal Description (abbreviated): <u>Lots 1,2,3 of S.W. plat #3406</u>		Add'l. legal is on page _____
Assessor's Property Tax Parcel /Account # <u>P37218; P125907; P125908</u>		

Lee Johnson & Sons Construction, Inc.

Claimant

Brian D. Hanson

vs.

Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Lee Johnson & Sons Construction, Inc.  
TELEPHONE NUMBER: (360) 856-0955 ADDRESS: P.O. Box 98  
Sedro Woolley, WA 98235
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: November 9, 2006
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Brian D. Hanson
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Lots 1,2,3 of Sedro Woolley short plat no. 3406 recorded under AF#200702150075, being a portion of the NE 1/4 of the NE 1/4.
5. NAME OF THE OWNER OR REPUTED OWNER (if not known state "unknown"): Brian D. Hanson  
TELEPHONE NUMBER: (360) 6614085 ADDRESS: 507 F&S Grade Rd.  
Sedro Woolley, WA 98284
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: February 2, 2007



Claim of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 45,351.72

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: \_\_\_\_\_

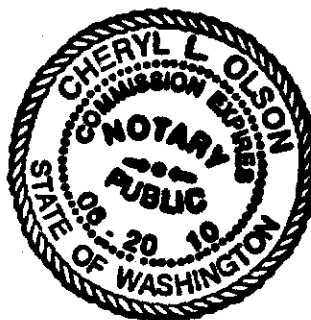
Terry L. Johnson  
Claimant

Terry L. Johnson, President  
Print or Type Name

P.O. Box 98  
Address

Clearlake, WA 98235

(360) 856-0955  
Telephone Number



STATE OF WASHINGTON

County of Skagit

SS.

Terry L. Johnson, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Date this

27th

day of

March

2007

Print Name

Cheryl L. Olson

Notary Public in and for the State of

Washington

My appointment expires:

6-20-10

NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



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